

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PARTI LOBBYIST NAME(Last) (First) TELEPHONE (Middle) CURTIS 808-533-3454 HENRY Ω MAILING ADDRESS (Street) FAX 37313 P.O. BOX (State) (Zip Code) Honolulu **TELEPHONE** EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) MAILING ADDRESS (Street) **FAX** (Zip Code) (City) (State)

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
LIFE OF	THE LA	ND	808-233-342k
MAILING ADDRESS (Street)			FAX
76 N	KING ST	# 203	
(City)	(State)	(Zip	Code)
Honoluly	141	968	17
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEM			
NAME OF PERSON RESPONSIBLE F	OR PREPARING ORGANIZATION'S EX	(PENDITURES STATEMENT	TELEPHONE
		MORIZ	TELEPHONE 808-373-4386
ARTHUR			808-373-4386
ARTHUR MAILING ADDRESS (Street)	LAURANCE	MORI (Zip	808-373-4386

PART III	DESCRIPTION O	F SUBJECTS UPON WH	ICH YOU EXPECT TO L	OBBY
Agri	iculture	Education	Human Services	Science, Technology & Economic Development
	nmunications & olic Utilities	Government Operations Finance	& Intergovernmental International Affair	
	nsumer Protection & mmerce	Hawaiian Affairs	Labor & Employme	ent Transportation
	ture, Arts, Historic servation	Health	Planning, Land & Use Management	Water Other: (indicate below)
	ology, Energy ⁄ironmental Protection	Housing	Public Safety & Co	prrections
PART IV	CERTIFICATION	OF LOBBYIST		
I here	eby certify that the in	nformation furnished abov	e is, to the best of my kn	owledge, correct and complete.
	Man C	Quitis	•	Jan 20, 2006
	Herry C	(Signature of Lobbyist)		(Date)
		(Signature of Lobbyist)		(Date)
PART V	AUTHORIZATION	I TO LOBBY		-
PART V NAME	AUTHORIZATION	TO LOBBY	TITLE OF AUTHORIZIN	G OFFICER OR PERSON REPRESENTED
NAME		AMOS		SIDENT
NAME /		AMOS		
NAME OF C	IM R	AMOS cable)		SIDENT
NAME OF C	IM R	AMOS	PRE	SIDENT TELEPHONE
NAME OF C	IM R DRGANIZATION (if appli	AMOS	PRE	51 D ENT TELEPHONE 808-533-3454 FAX
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